

No. W 20527	Due no later than Aug 31, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		JONAS B DETHMAN 239 WINGED FOOT PL EAGLE ID 83616			
	GOOD SCENTS HERB NURSERY, LLC JONAS B DETHMAN 239 WINGED FOOT PL EAGLE ID 83616		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JONAS B DETHMAN	239 Winged Foot Place	Eagle	ID	USA	83616
5. Organized Under the Laws of: ID W 20527		6. Annual Report must be signed.* Signature: Jonas Dethman Name (type or print): Jonas Dethman		Date: 07/24/2008 Title: Manager		
Processed 07/24/2008		* Electronically provided signatures are accepted as original signatures.				